

FILED

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA**

U.S. DISTRICT COURT
FOR THE NORTHERN DISTRICT
OF INDIANA

Tyquan Stewart,
first name PLAINTIFF last name
(Type or print your name on the line above)

[Type or print your name on the line above])

v.
State of Indiana
DEFENDANT
[Type or print only the name of the first person you are suing. List everyone you are suing on page 2.]

Cause No. 110CV126

[Leave this blank, the clerk will supply the cause number when your case is received.]

AMENDED
COMPLAINT

42 U.S.C. § 1983

I. PARTIES

A. PLAINTIFF [You are the plaintiff in this lawsuit. Neatly print or type your information below.]

1. Tyquan Tarrell Stewart
Name: First Middle Last

2. What is your address: 4510 Austin Dr.

Phone number (260) 456-3913

B. DEFENDANT(S) How many defendants are you suing: 5

[The defendants are the people you are suing. Print or type the defendant's name, job title, the state or local government agency the defendant works for, and the address of that government agency. Remember to include the defendant you named in the caption on page one. If you are suing more than one defendant, number them.]

Amended

# Defendant's Name	Job Title/Government Agency	Work Address
1. State of Indiana		State house office Office of the State 200 W. Washington St. Room 201
Westville State prison		5501 S 1100 W, Westville, IN 46391
Allen County Jail		417 S Calhoun St, Ft. 46802 TN
Parkview behavior hospital		1720 Beacon St, Ft. 46805 TN
Social Security administration		2122 Lincolnway Ct, fort wayne, IN

II. CAUSE(S) OF ACTION WITH SUPPORTING FACTS

46819

Write why you are suing each defendant. Write who, what, when, where, and how you believe your rights were violated. It is **VERY IMPORTANT** that you use each defendant's name in describing what happened to you. If you do not write what each defendant did, the court will not know why you are suing and that defendant will be dismissed.

Explain what constitutional or federal law right, privilege or immunity each defendant violated. Do not cite or quote cases or statutes. If you want to make legal arguments or citations, you must file a separate memorandum of law. Do not attach it to this complaint.

Write a new paragraph for each violation. Name each defendant involved in that violation.

Number your paragraphs.

1. State of Indiana - Discrimination they went far and beyond to punish me. ~~They never~~ Someone ~~printed~~ false statements in my motion of discovery. ~~They never~~ They said I was taken to the police station for interview, and while there I was screaming I am But it never happened. There is no video or audio placing me there simply because ~~I~~ never ~~was~~ was there. Now this sent me to jail because basically they ~~said~~ that they observed me, and they figure I was mentally sane.

Westville State Prison - Cruel and unusual punishment I was forced to throw away my food, and I am a diabetic. They used food as a way to punish and that is against the law and down right cruel. Inmates are entitled to 3 meals a day. Filed a complaint went unheeded.

Check
kids

Allen County Jail Cruel and usual punishment They placed me in a cell where they was able to lock Rest room door. when pushed buzzered they refused to respond which forced me to relieve myself on the floor. Then They placed me in the hole without shower for days. I have witnesses some which are Confinement officers and some whom are inmates.

Parkview

Parkview behavior hospital Malpractice ^{should be video and audio}
I Tried to Check in around Dec. 19 and was refused when was having a psychiatric episode. I ran my vehicle into a building trying to kill myself. Someone could of Died excluding myself which I wanted to do At the Time.

Social Security administration I filed for disability in 2009 At that time my kids excluding myself where eligible for full benefits. I have Suicidal disorder PTSD & Major Depression. I have been in and out of mental hospital. I have 3 professional Doctors excluding one whom works for the state. Dr. Weiland Dr. Surakanti, and Dr. Rosemary or Rotman. My kids had to go without because their father ~~████████~~ is not able to manage his life which deems me disabled because of mental illness. I've had blackouts to which I hurt a guy and Broke his jaw. I've Tried to Commit Suicid multiple times and there is a mexican that I know that does not take meds and he believe his Social Security when my illness is much more severe

State of Indiana

Cause(s) of Action with Supporting Facts (continued)

Motion of discovery — Check and you will find that I was never taken to Police Station for questioning no Video or Audio Plus who is the Officer who took and who is the Officer who interviewed? Check Westville State Prison kids plus Inmates will testify.

Allen County jail check Video's Plus confinement officer Mrs. Preston / ^{The white mature white woman} ~~white hair~~ ^{white} ~~woman~~ confinement officer Mr. Hughes

Parkview behavior hospital check Video's Audio and officer working.

III. PREVIOUS LAWSUITS

Have you ever sued anyone for the same things you wrote about in this complaint?

NO YES — [Print or type the following information about the case. Attach additional sheets if there is more than one prior case.]

Court: _____

Judge: _____ Docket Number: _____

Date filed: _____ Date closed: _____

Amended

IV. RELIEF

Write exactly what you want the court to do for you. This court cannot order that a defendant be fired, investigated, or criminally prosecuted.

I want justice ^{we took for the State for justice now How can we get?} _{This is there breaking the Law}

State of Indiana to pay 50,000,000 because ^{for them to do a humane being like this and} _{not have a care in the world why should}

Allen County jail 1,000,000

Parkview behavior hospital 1,000,000

Westville State Prison 1,000,000

Social Security Administration 1,000,000

P.S. judge as you can see this is a pattern

Amended

V. VERIFICATION AND SIGNATURE

Initial Each Statement and Sign at the Bottom

T.S

I have included two properly completed summons forms (available from the clerk) for each defendant I am suing, including full name, job title and work address.

T.S

I have included one properly completed process receipt and return form (USM-285) (available from the U.S. Marshal) for each defendant I am suing.

T.S

In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant and one extra for the court.

T.S

I have included full payment of the filing fee **OR** attached a properly completed petition to proceed *in forma pauperis* (available from the clerk).

T.S

I agree to promptly notify the clerk of any change of address.

T.S

I have read all of the statements in this complaint. *[Do not forget to keep a copy for your records.]*

T.S

I declare **under penalty of perjury** that the foregoing is true and correct.

Signed this 4th day of MAY, 2016.

Tyquan Stewart
Your Signature